

**FEC FORM 9
24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations**

(a) Name

SUSAN B ANTHONY LIST INC

(b) Address (number and street) ☒ check if different than previously reported

1707 L Street, NW Ste 750

(c) City, State and ZIP Code

Washington

DC

20036

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number**C** C30000921**3. Is This Statement**☒**New**

or

☐**Amended****4. Covering Period**M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

through

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 1 0**5. (a) Date of Public Distribution(s)**M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0**(b) Communication Title** Ultimate**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____**7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?**Yes ☐No ☐**8. Custodian of Records**

(a) Name

Emily Buchanan

(b) Address (number and street)

1707 L Street, NW

(c) City, State and ZIP Code

Washington

DC

20036

(d) Name of Employer or Principal Place of Business

(e) Occupation

9. Total Donations This Statement

.00

10. Total Disbursements/Obligations This Statement

25113.50

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Emily Buchanan

SIGNATURE Electronically Filed by Emily Buchanan

DATE 08/05/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.